

IA ETHICS  
CAMPAIGN DISCLOSURE DE.  
PM 4.14.08  
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Reset Form

FORM  
DR-SFA  
(Rev. 03/2008)

Statement of  
Organization  
"Paid For By"

**For Office Use Only**

Comm. # \_\_\_\_\_  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_

**FOR INSTRUCTIONS SEE BACK OF FORM**

☒ I am filing this form to use the shorter "paid for by" attribution. The committee will not be crossing the \$750 threshold.\* This form must be filed prior to the distribution or posting of the political material.

*\*If the committee crosses the threshold, a DR-1 Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. In addition, the committee will be required to file campaign disclosure reports.*

**COMMITTEE NAME** ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee).

Committee to Re Elect Pam Jordan Supervisor District 5

**IMPORTANT:** Indicate type of committee you are registering for: 5

( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County Central Committee  
( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political Subdivision Candidate ( 8 )County PAC ( 9 )City PAC  
( 10 )School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue (including committee involved in multiple city/county ballot issues)

**COMMITTEE CHAIR** (mandatory for all committees except a candidate's committee)

Name ↓ ↓ \_\_\_\_\_  
Mailing Address ↓ ↓ \_\_\_\_\_  
City, State ↓ ↓ Zip Code ↓ ↓ \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
e-Mail \_\_\_\_\_

**CANDIDATE** (mandatory except for a non-candidate committee)

Name ↓ ↓ \_\_\_\_\_  
Pam Jordan  
Mailing Address ↓ ↓ \_\_\_\_\_  
2504 Keokuk Avenue  
City, State ↓ ↓ Zip Code ↓ ↓ \_\_\_\_\_  
Spirit Lake, Ia 51360  
Phone ( 712 ) 336-5319  
e-Mail vison@mchsil.com

**INDICATE PURPOSE OF COMMITTEE – Check One Box** ☒ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s)  
Comment or description: ☐ Advocate against ballot issue(s)

**All Candidates Enter:**

Office Sought: County Supervisor

Political Party (if applicable) Republican

District: 5

Year Standing for Election: 2008

**County/Local Candidates and All Other Committees Enter:**

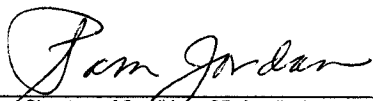
County: Dickinson

(If active in multiple ballot issue elections, attach list of counties or enter "statewide")

Date of Election: June 3, 2008 , Nov 4, 2008

**STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:**

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
3. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
4. That if the committee exceeds \$750 in campaign activity, a DR-1 Statement of Organization must be filed within 10 days and the committee is required to file campaign disclosure reports.
5. That this form is filed prior to the distribution or posting of political material requiring the "paid for by" attribution.

  
Signature of Candidate, OR, for all other committees, Chairperson

4-14-08

Date Signed